



PATENT  
450100-3247.4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Hajime INOUE et al.  
Serial No. : 09/430,950  
For : NEAR VIDEO-ON-DEMAND SIGNAL RECEIVER  
Filed : November 1, 1999  
Examiner : C. Nalevanko  
Art Unit : 2611

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addressed to: Mail Stop Amendment, Commissioner for Patents,  
Alexandria, VA 22313-1450, on October 5, 2004

Darren M. Simon, Reg. No. 47,946

\_\_\_\_\_  
Name of Applicant, Assignee or Registered Representative

*Darren M. Simon*  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
October 5, 2004

Date of Signature

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the non-final Office Action which issued July 8, 2004, please consider the  
following amendment to the above-referenced application.



PATENT  
450100-03247.4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Hajime INOUE et al.  
Serial No. : 09/430,950  
For : NEAR VIDEO-ON-DEMAND SIGNAL RECEIVER  
Filed : November 1, 1999  
Examiner : NALEVANKO, Christopher R.  
Art Unit : 2611

MAIL STOP AMENDMENT  
COMMISSIONER FOR PATENTS  
Alexandria, VA 22313-1450  
Sir:

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Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below.  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	27	Minus	27 =	0 ×	\$18(9)	= \$0
Independent claims	5	Minus	5 =	0 ×	\$88(44)	= \$0
			Total additional fee for this amendment			= \$0

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$290 (\$145) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the \_\_\_\_\_ month following the expiration of the term originally set therefor. This is a petition to request a -month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A USPTO Form 2038 – Credit Card Payment Form in the amount of \$ \_\_\_\_\_ .00 is attached, which covers the cost of ☐ additional claims and ☐ -month petition for extension of time.
- ☐ Charge \$\_\_\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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FROMMER LAWRENCE & HAUG, LLP  
Attorneys for Applicant(s)

Darren M. Simon, Reg. No. 47,946

(Name of Applicant, Assignee or Registered Representative)

Signature

By: Darren M. Simon  
Reg. No. 47,946  
Tel. (212) 588-0800

October 5, 2004

Date of Signature